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Prediction of perceived stress in mothers of mentally retarded children based on external and internal religious orientation

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Abstract

Introduction: In this study the relationship between perceived stress in mothers of mentally retarded children and the external and internal religious orientation were investigated.

Materials and Methods: Research method of present study is descriptive from correlation type. Statistic population concluded all mothers of mentally retarded children of Shahrekord. In this research random sampling method was used and sample number was 150. Two variables were studied. Two questionnaires of Cohen perceived stress, and Alport religious orientation were used for collecting data. Pearson correlation coefficient and step to step simple and multivariate linear regression analysis were used for data analysis.

Results: The results of present study show that there is a significant correlation between religious orientation index and perceived stress. A positive and significant correlation between perceived stress and religious orientation was observed, but a significant correlation between perceived stress and internal religious orientation was not observed.

Conclusion: This study shows that attention to health of mothers who has mentally retarded children is necessary to better the life condition and reception of these children. Identification of factors creating stress at these parents and social and therapeutic protection and presentation of services to these families and exact planning and special therapeutic solutions and giving awareness to families can decrease mental retardation of children, and can affect on health of mothers who have mentally retarded children.

Keywords: Children, Mental retardation, Perceived stress, Religious orientation

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Introduction

Parents' expectations about the child's condition start some time before the child's birth. Parents

may have some ideas about their unborn child, his behavior or future situations, and they were not and are not expecting a child who is disabled in

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some way, and they do not know how to treat this child. In fact, parents spend their time and energy to suppress such fears and imaginations (1).

Undoubtedly, the birth and presence of a child with mental retardation in any family can cause tension, frustration and despair as an undesirable and challenging event (2).

The presence of a mentally retarded child in the family is one of the most important stressors for parents. When the child's mental retardation problem is revealed, generally from the very beginning, the father and mother show different emotional reactions, the most common of which are include: feelings of guilt and blame, feelings of failure and deprivation, denying the reality or concealing the truth, anxiety and worry, projection, family adjustment problems, and non-acceptance of the child (3).

In such a situation, though, all family members and its functioning are affected. However, due to the role of caregiver, mothers feel more responsibilities towards their disabled children and assume that they face more pressures and psychological problems (4).

In researches about the effect of the presence of a disabled child in the family and the stress of their mothers, the mothers of the mentally retarded children had stress and mental crises, and the presence of a disabled child threatens their physical and mental health and often has a negative effect on them (5).

There is solid evidence that stress can lead to different negative consequences such as physical diseases, mental disorders, or feelings of exhaustion in people (6).

For a person who is under stressful conditions, it is important to evaluate stress levels and methods of dealing with stress. High, continuous and long-term stress can lead to inconsistency in a person and physical and emotional problems such as a person's lack of self-satisfaction, a sense of failure, anxiety, severe tension, failure, defensive behaviors, depression, and an unfavorable quality of life for a person. (7).

Perceived stress scale was developed based on Lazarus' assessment concept. Psychological stress emphasizes the perception and evaluation of possible harm caused by encountering stimulating environmental experiences. When people evaluate the demands of the surrounding environment beyond their set of coping

resources, they are exposed to stress. In the psychological model of stress, it is emphasized that events only affect people who evaluate them as stressful. Of course, the selected patterns of stress assessment are not only the product of environmental conditions or response variables, but also the product of people's interpretations of their relationships with their surrounding environment (8).

Research shows that parental stress levels in families with disabled children are not an inevitable reaction to having a disabled child (9).

Spirituality provides a way for people to free themselves from the heavy burden of additional responsibility and allow God to show His influence in how to solve life's problems. Therefore, it is not necessary to use fire and water alone to solve all your problems. Spirituality gives people a healing attitude in life in relation to problems. If God accepts people with all their faults and weaknesses and is able to forgive all their faults and sins, then man can accept himself and others as they are and forgive all his faults and shortcomings and ignore them and skip them. Spirituality gives a person the ability to overcome the feeling of guilt, taking too much responsibility, feeling too much control and being responsible for solving the problems and problems of others. Spirituality provides a framework for giving meaning to all human problems, anxieties, fears and needs. In this framework, God is the only one who is powerful and strong in every way, knows the benefits and harms of humans, has the ability to manage and control all problems and anxieties, fears and needs, and of course, there is a possibility that God's will is different from the will of us humans (10).

The concept of religious orientation was first proposed by Allport and Ross, which means that people have a special style in relation to religious beliefs and how to combine them in their lives (11).

Allport also describes religion as a unifying philosophy of life and considers it one of the potentially important factors for mental health. He believes that the religious value system prepares the best ground for a healthy personality. From Allport's point of view, this orientation has two forms: internal religious orientation and external religious orientation. Internal religious

orientation, inclusive religion, has organized and internalized principles, which is the end and goal itself, not a means to reach the goal. A person who has an internal religious orientation lives with his religion and his religion becomes one with his personality. A person who has an external religious orientation does not integrate religion with his personality and life. For him, religion is a means used to satisfy individual needs such as status and security (12).

Religious orientation plays an important role in the lives of mothers of children with disabilities. The researchers compared 71 black mothers with oral dyslexic children to 71 white mothers. They found that black mothers use religious coping more than white mothers, religious coping had a positive relationship with satisfaction with care. Kaufman, Campbell and Adams found that mothers of children with intellectual disabilities with more religious beliefs had less caregiving stress in caring for their children (13).

In order to investigate the level of stress and anxiety of parents of mentally retarded children and its relationship with children's characteristics, socio-demographic characteristics and religion, and the family environment of mentally retarded children, a research was conducted in the United Arab Emirates. 225 mentally retarded children and one of their parents (113 fathers and 112 mothers) participated in the research. Statistical analysis using multiple regression showed that the general stress and anxiety of parents has a direct relationship with the poor performance of mentally retarded children. Also, the demographics of the family and the family environment (socio-economic level, access to entertainment, parents' religious tendencies, parents' intellectualism and hope) were related to the parents' stress level (14).

Beckman conducted a research on 54 mothers who had a child with and without a disability, comparing the perception of fathers and mothers about the effect of the child's disability on them. A significant difference was obtained regarding the stress of fathers and mothers. The results show that mothers reported more stress than fathers. Parents of children with disabilities raised more stress and needs in all fields. Stress was negatively related to the formal support of fathers and mothers (15). Nouri conducted a

research titled "Evaluation and comparison of stress in mothers of mentally retarded, half-hearing and half-sighted 7-14-year-old special schools in Tehran and mothers of normal children." The results showed that mentally retarded, partially hearing and partially sighted mothers have more stress than mothers of normal children. Other results of this research showed that the gender of the disabled child has no effect on the level of stress. But the gender of the disabled child has an effect on the adaptation of fathers and the communication skills and adaptation of mothers (16).

Parents of mentally retarded children are different in dealing with the child's problem in terms of psycho-social issues. Yaqoubi has conducted a descriptive research on 60 parents of mentally retarded children. The sample was randomly selected from mothers whose children were studying in exceptional schools in Hamadan city. The tool for collecting information was a questionnaire that was distributed among parents of mentally retarded children with the aim of investigating psychosocial issues. After analyzing the answer sheet with Chi-Scooter and T-test, the following results were obtained: the amount of psycho-social interaction of mothers with mentally retarded children is lower than the amount of psycho-social interaction of mothers of normal children. The amount of psycho-social interaction of fathers with retarded children is higher than the amount of psycho-social interaction of mothers with mentally retarded children. Also, the researcher concluded that there is no significant difference between the amount of psychosocial interaction between fathers of mentally retarded children and fathers of normal children (17).

The results of the research titled the relationship between perceived stress, hopelessness and internal religion with mental health showed that there is a significant negative correlation between perceived stress and internal religion with mental health and there is a significant positive correlation between hopelessness and mental health (18).

In a research entitled the relationship between religious orientation and mental health of mothers of exceptional children, they showed that there is a negative and significant relationship between the components of morbid syndromes and

religious beliefs, that is, with the increase of religious beliefs, the morbid symptoms of mothers decrease. Also, compared to external religious orientation, internal religious orientation was a suitable and significant predictor for the dimensions of pathological symptoms and their total score (19).

The results of the research entitled Comparative study of the role of religious orientation and personality dimensions in predicting the coping styles of mothers of children with and without intellectual disability showed that, compared to mothers with children without intellectual disability, religious beliefs are good predictors for problem coping style. Personality axis and dimensions are good predictors for emotion-oriented coping style in mothers with mentally disabled children (20).

Therefore, it is necessary to measure the perceived stress of the factors affecting the perceived stress in mothers with mentally retarded children, so that the results can guide the authorities and consultants in order to improve the quality of life and adaptability and, as a result, better acceptance of this become children In the field of religious orientation, the researcher has not found any studies on the impact of this component on perceived stress in the field of mothers with mentally retarded children. The objectives of this research are as follows: 1- To predict the perceived stress of mothers with retarded children. Mental balance based on internal religious orientation. 2- Predicting the perceived stress of mothers with mentally retarded children based on external religious orientation. The results of these studies can be used to prevent and reduce the stress and anxiety of mothers with mentally retarded children in schools and educational centers and care and counseling and well-being of children with mental disabilities.

Materials and Methods

The present research was based on the method of data collection and was a descriptive research. One of the types of descriptive research is correlational research. In this research, the correlation is regression type. In this research, the predictor variable is religious orientation and the predictor variable is perceived stress. The statistical population of this research is all the

mothers with educable mentally retarded children who are enrolled in the exceptional schools of Shahrekord city in the academic year 2014-2015. According to the sample size according to Morgan's table, the sample was determined to be 134 people, and 15% was added to the sample size to reduce the number of subjects, so that the total number of the sample size was 150 people. The subjects of this research were selected by random sampling among mothers with mentally retarded children in exceptional schools in Shahrekord city.

Research instruments

A) Cohen Perceived Stress Scale-14 Questions: This questionnaire was created by Cohen et al. in 1983 to assess the general level of stress. It has 14 questions in which the audience is asked to what extent they have experienced stress-related thoughts and behaviors during the last 4 weeks. According to the claim of the authors, the uniqueness of the questionnaire is that it is used to measure tension in the general population. According to the report of the authors of the questionnaire, the internal consistency (Cronbach's alpha) for the questionnaire in three separate samples was 0.84, 0.85 and 0.86. Its concurrent validity has also been proven by means of significant positive correlations with the scores of questionnaires on the impact of life events, depression and social anxiety syndromes (21). Also, during the research of Bastani et al., the content validity of the questionnaire was confirmed and its reliability was calculated and reported using Cronbach's alpha coefficient of 0.82 (22).

B) Allport's Religious Orientation Questionnaire: This religious questionnaire is a 20-item questionnaire, 11 of which are dedicated to external religious orientation and 9 of which are dedicated to external religious orientation. Then Fagin presented a 21-option version that includes all of Allport's options plus one option. This option had a high positive correlation (61%) with Allport's external scale. Since then, Fagin's version has been used more (23).

This test was translated and standardized in Iran in 1377, and its validity and reliability were obtained by John Bozori. Its internal consistency using Cronbach's alpha is 0.71 and its retest reliability is 0.74. In this scale, items 1 to 12

measure external religious orientation and items 13 to 21 measure internal religious orientation. Allport and Ross prepared this scale in 1967 to measure internal and external religious orientations. In the initial studies, it was observed that the correlation between external and internal orientation is 0.21 (24). In this study, descriptive and inferential statistics were used to analyze the collected data. The purpose of inferential statistics is to draw conclusions about the characteristics of the society from which the studied sample was extracted. In this research, a

descriptive analysis of the findings and then an inferential analysis of the findings (investigation of research hypotheses) have been done. In the descriptive part of the data, mean and standard deviation, etc., and in the inferential part, Pearson's correlation coefficient, simple linear regression was used. All analyzes were done by SPSS software version 22.

Results

The analysis of research variables are presented in Tables 1 to 3.

Table 1. The amount of central tendency and dispersion statistics of the perceived stress variable

Variable Dependent	Mean	SD	Max	Min
Perceived Stress	29.60	7.34	49	12

Table 1 shows the mean, standard deviation, highest and lowest score of perceived stress variable. The perceived stress variable was

obtained with a mean of 29.60 and a standard deviation of 7.34. Variable descriptive indicators of religious orientation.

Table 2. The amount of statistics of tendency towards the center and dispersion of religious orientation components

Religious component	Mean	SD	Max	Min
Management to inner religion	21.70	2.78	28	16
Management to the outer religion	31.73	5.25	41	16

Table 2 shows the mean, standard deviation, maximum and minimum scores of two variables of internal and external religious orientation. The internal religious orientation component was obtained with an average of 21.70 and a standard deviation of 2.78, and an external religious orientation component with an average of 31.73 and a standard deviation of 5.25.

The correlation between internal religious orientation and perceived stress, the significance level shows that there is no significant relationship between internal religious orientation and perceived stress ($P < 0.05$). Due to the non-significance of the relationship between internal religious orientation and perceived stress, it is not possible to enter the regression equation and it is excluded from the regression equation, and in fact it can be stated that internal religious orientation lags in predicting the perceived stress of mothers with retarded children.

The correlation between external religious orientation and perceived stress is presented,

which data shows that there is a significant relationship between external religious orientation and perceived stress, and this relationship is positive and direct ($P < 0.01$). In the following, we used regression analysis to check how much percentage of perceived stress variance is predicted by external religious orientation. To check how much percent of the variance of perceived stress is explained by external religious orientation, simple linear regression was used.

The summary results of the regression model between external religious orientation and perceived stress are shown in Table 3, which shows that external religious orientation was entered into the regression equation, and with the value ($F = 17.453$) it explains about 10.5% of the perceived stress changes. The beta value also shows that with each unit of change in external religious orientation, there is a change of 0.325 units in the prediction of perceived stress ($P < 0.05$). Finally, it can be stated that there is a linear

relationship between the predictor variable and the criterion variable, and in general, external religious orientation (independent variable) has an effect on perceived stress (dependent variable), and the results are confirmed by t-test,

which remains in the regression model ($P > 0.05$). Regression line equation of extrinsic religious orientation and perceived stress
 Perceived stress = 15.194+(0.454) external religious orientation.

Table 3. Regression model

Model	R	r ²	F	Beta	B	T	P
Constant	0.325	0.105	17.453	0.325	15.194	4.345	0.000
Religious orientation					0.454	4.178	0.000

Discussion

There is no significant relationship between internal religious orientation and perceived stress, and in fact, it can be stated that internal religious orientation does not play a role in predicting the perceived stress of mothers with retarded children. Batson et al analyzed the findings of 115 studies on the correlation between religiosity and mental health and found that 37 of these studies showed a positive correlation between the two, 47 showed a negative correlation, and 31 of these studies did not show any correlation (24).

The absence of a relationship between internal religious orientation and perceived stress was inconsistent with the findings of some studies. This inconsistency can be investigated: the difference in the type of study as well as the cultural differences and the type of special religious rites and rituals in the Islamic system can be considered probable. The presence of mediating variables that moderate the relationship between religion and stress and ignoring them leads to different results. The inadequacy of measurement tools, especially the need to use more appropriate tests in order to examine a wider range of dimensions of religiousness, considering the variety of religious behaviors and the complexity of the psychological structures of religion, different scales of religious measurement can be considered. Contract. Intercultural aspects of religion are especially important. Teachings, doctrines and different styles of worship and rituals, while having common points. But it also shows many differences in different religions. Conducting the study without paying attention to this consideration can explain some of the existing inconsistencies. This research was

carried out in an Islamic society and on Muslim samples. It is obvious that its results cannot be considered applicable to all societies. Also, in this research, the lack of relationship between religious orientation and perceived stress may be due to the lack of correct understanding of internal religious orientation questions by mothers with mentally retarded children, the lack of compatibility of the questions with our culture, and the difficulty of understanding the questions correctly.

The data shows that there is a significant relationship between external religious orientation and perceived stress, and this relationship is positive and direct, meaning that the higher the external religious orientation, the greater the perceived stress and vice versa. In this way, external religious orientation (independent variable) has an effect on perceived stress (dependent variable). In the explanation of this hypothesis, it can be said that according to Allport's opinion, religion with external criteria is an external matter and a tool used to satisfy the needs of status and safety. The external religious orientation is a way of consolation and consolation and social contract, it is a tool in the service of oneself and to show oneself appropriately and worthy. Therefore, people with this religious orientation use religion to achieve their goals. The values of people who have such an orientation are often instrumental and self-interested (26). Also, people who have an external religious orientation, often use it as a means to achieve their goals and do not do religion and religious practices for the sake of obtaining peace, support, and excellence, and for this reason, they usually do not achieve their

goals. and their goals through religion and spirituality are disappointed and become stressed, or with a small failure in their lives, they generally lose hope and make less effort to achieve their goals, and such parents also when They are faced with a child who is mentally retarded, and their efforts towards the progress and success of these parents do not yield results, and it is not possible to achieve their desires and intentions by having these children, and only to get rid of religion. They use these conditions to achieve their desires, and when they don't get the desired result, they get depressed and stressed. This research has been aligned with the following research: The study of Jan Gergi was conducted with the aim of investigating the relationship between religious orientation and mental health. For this purpose, 140 female and male students in Tehran universities formed the sample group of the current research. All the subjects were examined with two Allport religious orientation tests and a general health questionnaire. The results showed that there is a direct relationship between religion and mental health. The more internal the religious orientation, the higher the mental health. As a person's orientation in the religious context becomes more external, the feeling of fatigue and physical symptoms also increases, as well as the insomnia and anxiety of the person. The highest degree of correlation is related to the variable of depression and suicidal tendency, the more this feeling increases, the more external the religious orientation becomes (27). In the research of Gudarzi et al., it was found that people with external religious orientation have more mental illnesses both in quantity

(frequency) and quality (level) than people with internal religious orientation. People with an external religious orientation are more non-believers and also more superficial, superficial, fanatical and narrow-minded than those who are really religious from the inside. People with an extrinsic religious orientation have low goals in life. Also, unlike real religious people, they do not have a stable personality and there is no unity in their personality, and their personality is full of conflicts and inconsistencies (28). It is suggested that the present research be conducted using a sample group consisting of men and women and on the parents of other groups of exceptional children such as deaf, blind, physically disabled, etc. Due to the importance of the role of religion in our culture and due to the fact that the majority of the Iranian nation is Muslim, it is suggested to test the religious orientation and recognize the religious approach of people using native norms and the Islamic intellectual components.

Conclusion

This study showed that it is necessary to pay attention to the health of mothers with mentally retarded children in order to improve their living conditions and accept these children. Identifying the factors that cause stress in these parents and social and therapeutic support and providing services to these families and detailed planning and providing special treatment solutions and awareness to families can reduce the incidence of mental retardation in children to a great extent. It affects the mental health of mothers with mentally retarded children.

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